

**County of \_\_\_\_\_**  
**Indian Gaming Local Community Benefit Committee Members**

**I. Two representatives from the county, selected by the County Board of Supervisors:**

1. \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Authorized Signature  
(Only required if person is authorized to sign grant request forms.)
2. \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Authorized Signature  
(Only required if person is authorized to sign grant request forms)

**II. Three elected representatives from cities located within four miles of a tribal casino in the county selected by the County Board of Supervisors:**

1. \_\_\_\_\_  
Name Name of City  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Authorized Signature  
(Only required if person is authorized to sign grant request forms.)
2. \_\_\_\_\_  
Name Name of City  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Authorized Signature  
(Only required if person is authorized to sign grant request forms)

**County of \_\_\_\_\_**  
**Indian Gaming Local Community Benefit Committee Members**

3. \_\_\_\_\_  
Name Name of City
- \_\_\_\_\_  
Mailing Address
- \_\_\_\_\_  
City, State, Zip Code
- \_\_\_\_\_  
Authorized Signature  
(Only required if person is authorized to sign grant request forms.)

**III. Two representatives selected upon the recommendation of a majority of the tribes paying into the Indian Gaming Special Distribution Fund in each county:**

1. \_\_\_\_\_  
Name Title
- \_\_\_\_\_  
Mailing Address
- \_\_\_\_\_  
City, State, Zip Code
- \_\_\_\_\_  
Authorized Signature  
(Only required if person is authorized to sign grant request forms.)
2. \_\_\_\_\_  
Name Title
- \_\_\_\_\_  
Mailing Address
- \_\_\_\_\_  
City, State, Zip Code
- \_\_\_\_\_  
Authorized Signature  
(Only required if person is authorized to sign grant request forms.)

Please return completed forms to:

State Controller's Office  
Division of Accounting and Reporting  
Attention: Kelly Martell  
P.O. Box 942850  
Sacramento, CA 94250-0001